**BWPJC Cheder**

**Medical Information and Emergency Contacts**

**Details of student**  Please use BLOCK CAPITALS

Forenames Preferred name

(if different)

Surname Date of birth

Full home address

**Details of parent / guardian**

**Contact priority one** (**IMPORTANT – This contact should be a parent / guardian with Parental Responsibility)**

Title Forename

Surname

Relationship to has legal parental

student responsibility?

Home address

including post

code

Email address

Phone numbers:

Home Mobile

Work

**Contact priority two**

Title Forename

Surname

Relationship to has legal parental

student responsibility?

Home address

including post

code

Email address

Phone numbers:

Home Mobile

Work

**Medical History**

Please tell us about any medical conditions / illnesses we need to be aware of (including any medication):

**Allergies**

Please give full details of any allergies, including treatment

If your child is prescribed an Epipen / other emergency allergy medication s/he **MUST** carry it at all times. An Allergy Action Plan will need to be completed prior to your child starting at BWPJC Cheder.

**Other**

Does your child have any mental health requirements / needs?

If yes please provide details:

Does your child have any problems with speech, vision or hearing?

If yes please provide details:

Can your child undertake normal physical activities? Yes No

Any other relevant information which you consider useful or which may affect your child’s ability to fully access the education provided by BWPJC Cheder:

**General Medical Information**

Name & Address

of Doctor’s Surgery

**Consent**

**Medical (Loco Parentis):** I consent to permission to authorise any BWPJC Cheder volunteer/teacher to act in loco parentis at all times, in the case of injury, accident or sudden illness, and to permit the use of first aid for your child in the event of an accident and/or such medical treatment for your child as is deemed necessary in an emergency or upon the advice of a qualified medical practitioner. This includes submission to an operation and administration of a general, local or other anaesthetic for any of these purposes, if BWPJC Cheder staff are unable to contact you immediately should the need arise.

Yes No

**Park Visits:** I consent to permission for my child to participate in routine visits on foot to the local park during BWPJC Cheder break times.

Yes No

**Photographic and Video Permission:** I consent to my child’s photograph or video to be used on the BWPJC website, social media sites, BWPJC Alonim publications, in press releases, or other communication tools to show prospective pupils or members what we do and to advertise or otherwise promote BWPJC and the BWPJC Cheder.

Yes No

**Data Permission:** I consent to the personal data provided in this form being shared with Cheder volunteers and the BWPJC Safeguarding Lead and being used to run the activities of the BWPJC Cheder.

Yes No

Your name in full

Relationship to student

Signature

Date

If we feel an individual care plan is needed we will contact you to arrange this. Please ensure all medication brought to BWPJC Cheder is in the original packaging, within date and prescribed for your child.

If your child’s health / wellbeing changes, please contact the Head of Cheder as soon as possible.